



TRANSCRIPT REQUEST FORM

Name of Student: _____

College: _____ **Application Deadline:** _____

Please check one of the following:

- ☐ Early Decision (binding)*
- ☐ Early Action (non-binding)*
- ☐ Regular Decision

*Please be sure to indicate your choice on your application as well as this form since this form will remain in your file at MSDA and not be sent to the college.

I understand I am responsible for submitting the application electronically along with the standardized test scores, application fee and essay (if required) to the college. **Initials:** _____

How did you apply?

- ☐ Common Application
- ☐ College Online Application

School that requires applications to be mailed:

College Counseling Office Use Only

Date electronically and/or mailed by: